

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 570416B
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	①					
8	2					
9	2					
10	2					
11	①					
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TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	16	←		←		←
TOTAL CLAIMS	18					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						